

FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>11811</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>04</u> Through: <u>12</u> / <u>31</u> / <u>04</u>
3. Name and address of person filing. Name <u>Scott</u> <u>K</u> <u>Horn</u> P.O. Box, Bldg., Room No., if any _____ Street <u>6101 Lubkin St</u> City <u>Boise</u> State <u>Idaho</u> ZIP Code + 4 <u>83704</u>	4. Name, file number, and address of labor organization. Name <u>CWA 7603</u> Labor Organization File Number <u>000.188</u> P.O. Box, Building and Room Number, if any _____ Street <u>412 E 41 Ste 4F</u> City <u>Boise</u> State <u>Idaho</u> ZIP Code + 4 <u>83714</u>
5. Position in labor organization. <u>Executive Vice President</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>See Attachment</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. <u>See Attachment</u> 7.b. Amount. <u>See Attachment</u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed [Signature]

On 5-13-05

Date

Telephone Number 208 336-7603

FOR SCOTT K HORN

PART A ATTACHMENT

6. EMPLOYER

999 MAIN ST
BOISE ID 83702

7A EXPENSES FOR UNION OFFICER AT COMPANY MEETINGS

APRIL 6 THRU 8 2004 DENVER COLORADO COMMITTEE ON SUBSTANCE ABUSE MEETING.

- AIRFARE \$400
- HOTEL 2 NIGHTS @ \$93.00 PER NIGHT \$186.00

JULY 19 THRU 22 2004 DENVER COLORADO COMMITTEE ON SUBSTANCE ABUSE MEETING.

- AIRFARE \$400
- HOTEL 3NIGHTS @ \$93.00 PER NIGHT \$279.00

OCTOBER 24 THRU 29 DENVER COLORADO COMMITTEE ON SUBSTANCE ABUSE MEETING. TRAINING FOR P.E.I.R FACILITATORS

- AIRFARE \$400
- HOTEL 5 NIGHTS @ \$93 PER NIGHT \$465